

PTO/SB/17 (10-08)

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|--|-------------------|----------------------------------|--------------------------------------|----------|--------------------------|----------------|----------------|--|
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL   |                   |                                  | Application Number 10/583,966-Co     |          |                          | nf. #1502      |                |  |
|  |                   |                                  | Filing Date                          | Α        | April 20, 2007           |                |                |  |
| For FY 2009  |                   |                                  | First Named Inv                      | entor K  | Katsuichi YAGISAWA       |                |                |  |
| FOI F1 2009  |                   |                                  | Examiner Name A. M. Dunwoody         |          |                          |                |                |  |
| Applicant claims small entity status. See 37 CFR 1.27  |                   |                                  | Art Unit                             |          | 3679                     |                |                |  |
| TOTAL AMOUNT OF PAY  | MENT              | (\$) 810.00                      | Attomey Docket                       | No. 0    | 0649-1323PUS1            |                |                |  |
| METHOD OF PAYMENT (check all that apply)   |                   |                                  |                                      |          |                          |                |                |  |
| Check Credit Card Money Order None Other (please identify):  |                   |                                  |                                      |          |                          |                |                |  |
| x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP                               |                   |                                  |                                      |          |                          |                |                |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                                     |                   |                                  |                                      |          |                          |                |                |  |
| x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee   |                   |                                  |                                      |          |                          |                |                |  |
| Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   |                   |                                  |                                      |          |                          |                |                |  |
| FEE CALCULATION  |                   |                                  |                                      |          |                          |                |                |  |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES  |                   |                                  |                                      |          |                          |                |                |  |
|  | FILI              |                                  | ARCH FEES                            | EXAMIN   | ATION FEES               |                |                |  |
| Application Type   | Fee (\$)          | Small Entity<br>Fee (\$) Fee (\$ | Small_Entity Fee (\$)                | Fee (\$) | Small Entity<br>Fee (\$) | Fees P         | aid (\$)       |  |
| Utility  | 330               | 165 540                          | 270                                  | 220      | 110                      |                |                |  |
| Design   | 220               | 110 100                          | 50                                   | 140      | 70                       |                |                |  |
| Plant  | 220               | 110 330                          | 165                                  | 170      | 85                       |                |                |  |
| Reissue  | 330               | 165 540                          | 270                                  | 650      | 325                      |                |                |  |
| Provisional  | 220               | 110 0                            | 0                                    | 0        | 0                        |                |                |  |
| 2. EXCESS CLAIM FEES Small Entity  |                   |                                  |                                      |          |                          |                |                |  |
| <u>Fee Description</u> Each claim over 20 (including Reissues)   |                   |                                  |                                      |          |                          | Fee (\$)<br>52 | Fee (\$)<br>26 |  |
| Each independent claim over 3 (including Reissues)   |                   |                                  |                                      |          |                          | 220            | 110            |  |
| Multiple dependent claims 390 195  |                   |                                  |                                      |          |                          |                |                |  |
|  |                   |                                  | ee Paid (\$)                         |          |                          |                |                |  |
| 12 - 20 or HP  |                   |                                  |                                      | Fee      | (\$) <u>F</u>            | ee Paid (\$)   |                |  |
| HP = highest number of total claims paid for, if greater than 20.  |                   |                                  |                                      |          |                          |                |                |  |
| Indep. Claims  | Extra Claims      | Fee (\$)F                        | ee Paid (\$)                         |          |                          |                |                |  |
| 2 -3 or HP =   |                   | × =                              |                                      |          |                          |                |                |  |
| HP = highest number of independent claims paid for, if greater than 3.   |                   |                                  |                                      |          |                          |                |                |  |
| 3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer |                   |                                  |                                      |          |                          |                |                |  |
| listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50                      |                   |                                  |                                      |          |                          |                |                |  |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  |                   |                                  |                                      |          |                          |                |                |  |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  |                   |                                  |                                      |          |                          |                |                |  |
| 100 = /50 = (round <b>up</b> to a whole number) x =  |                   |                                  |                                      |          |                          |                |                |  |
| 4. OTHER FEE(S)  Fees Paid (\$)  |                   |                                  |                                      |          |                          |                |                |  |
| Non-English Specification, \$130 fee (no small entity discount)  |                   |                                  |                                      |          |                          |                |                |  |
| Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00   |                   |                                  |                                      |          |                          |                |                |  |
| SUBMITTED BY  A Begintration No.   |                   |                                  |                                      |          |                          |                |                |  |
| Signature  | mes 1 h.          | Hatten                           | Registration No.<br>(Attorney/Agent) | 28,380   | Telephone                | (703) 205-8015 |                |  |
| Name (Print/Type) Jarnes   | M. Slattery       | · ( \                            | \                                    |          | Date                     | April 9, 2009  |                |  |

JMS/CTT/amm